

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005136

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.

**Current Principal Place of Business:**

4001 N. MORRISON AVE.  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

4001 N. MORRISON AVE.  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3480020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JEFFRIES, DAVID M  
1227 N FRANKLIN STREET  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VALLE-PETERS, AMANDA  
Address: 4001 W. MORRISON AVE.  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: CASTILLO, CECILIA  
Address: 4801 CULBREATH ISLES RD  
City-St-Zip: TAMPA, FL 33629

Title: D  
Name: JEFFRIES, DAVID M  
Address: 1227 N FRANKLIN STREET  
City-St-Zip: TAMPA, FL 33602

Title: D  
Name: MILLER, ASHLEY  
Address: 3608 W CORONA STREET  
City-St-Zip: TAMPA, FL 33629

Title: SD  
Name: ACOSTA, JOLYON  
Address: 1907 W BRISTOL AVE  
City-St-Zip: TAMPA, FL 33606

Title: TD  
Name: ACOSTA, CHRISTINE  
Address: 1907 W BRISTOL AVE  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA VALLE-PETERS

PD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date